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SUBJECT: CHOLERA EPIDEMIC IN ETHIOPIA REACHES ADDIS ABABA

SUMMARY

1. (SBU) Since the emergence of initial reports of cholera cases within Addis Ababa around August 10 the number of cases has risen sharply. As of August 26, 2,592 cases and four deaths were reported in Addis Ababa to the Ministry of Health (MOH). The number of cases continues to increase, although the case fatality rate appears to remain low. While not yet publicly acknowledging the presence of cholera -- the Ethiopian Government (GoE) continues to refer to "Acute Watery Diarrhea (AWD)" -- the GoE has stepped up control efforts this week and engagement of WHO, UNICEF, MSF, the USG, and others is increasing. Nevertheless, with another month to go in the rainy season, we should expect further escalation of the epidemic before the situation improves. To date there are no reported cases affecting American citizens and Post has issued a Warden Message and internal Management Notice advising the American community how to protect itself. End Summary.

A CHOLERA EPIDEMIC

2. (SBU) Cholera cases were first detected in the area of Moyale along the Kenya-Ethiopia border in February 2009 and have continued to occur in many parts of the country: Afar, Oromiya, Amhara and Somali regions in particular, with sporadic reports from other regions. It is unclear whether the current situation is the result of introduction of the infection from Kenya in the Moyale area or if cholera was present at low levels and internal factors, such as the current rainy season and poor water and sanitation, have created ideal conditions to trigger the current outbreak. Malnutrition and water shortages are likely exacerbating the situation in many places.

3. (SBU) Surveillance and reporting is inconsistent, thus the absence of reports does not necessarily indicate absence of cases. Laboratory confirmations of *Vibrio cholera* 01 Inaba by the Ethiopia Health and Nutrition Research Institute (EHNRI) have been obtained from several locations including Addis Ababa.

4. (SBU) Data on the outbreak is also being collected by staff from the MOH's new Public Health Emergency Management (PHEM) Unit and the first class of trainees from the PEPFAR/CDC-supported Field Epidemiology and Laboratory Training Program (FELTP). Current efforts are focusing on determining which sub-cities in Addis Ababa are most affected through active case finding in collaboration with sub-city administration personnel. FELTP also has trainees conducting field investigations currently in West Harerge and West Arsi (Shashamene) zones within Oromiya region. Related cases are also being reported from Debre Zeit and Dukem, within 60km of Addis Ababa where the outbreak has been particularly persistent.

5. (U) On Aug 18 as soon as the first cases were reported, Post disseminated a Mission-wide Management Notice and Warden Message on

the situation and provided guidance on taking appropriate precautions against cholera and other diarrheal diseases. The Ethiopia Country Specific Information page at www.travel.state.gov already has similar language.

¶16. (U) Taskforces have been reactivated at the Addis Ababa health bureau and at all sub-cities. The City Council, chaired by the Mayor, now meets on a daily basis and the State Minister of Health Kebede Worku and Dr. Daddi, Deputy Director General in charge of MOH-PHEM, have joined the taskforce. Public radio reports and advisories continue and the head of the Addis Ababa Health Bureau issued a radio alert on August 25 instructing people to seek medical care early if they develop symptoms, to consume only treated water, and avoid eating raw vegetables, etc. that could be contaminated.

¶17. (SBU) There has been concern among officials about the role of "holy water" in the spread of disease as Orthodox Christians go to religious sites on holy days and drink unpurified water. Although there are a number of these sites around Addis Ababa, the site at Maryam Kaliti just south of Addis, has been the main focus. Large numbers of "pilgrims" congregate at these sites for varying periods of time; they have now been evacuated from the holy water sites and very few (30-50) are said to currently remain there. Police have reportedly been assigned to keep people from obtaining this water. Some pilgrims, however, have traveled from as far as Gambella and Benishangul-Gumuz in the far west of the country.

¶18. (SBU) Despite the positive laboratory tests, to date the MOH has labeled the outbreak(s) as "Acute Watery Diarrhea" instead of "cholera." This is likely due to governmental fears of broad restrictions on agricultural exports to the Middle East, decreased

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regional and local travel, and potential panic in the community that could result in significant economic losses and social disruption. An association between "holy water" and cholera, if indeed proven, could undermine the immense stature of the Orthodox Church in the Ethiopian community.

TREATMENT AND CASE MANAGEMENT ACTIVITIES

¶19. (SBU) Case Treatment Centers (CTCs) in outdoor tents have been established in Addis Ababa at Ras Desta and Zewditu Hospitals. An additional two CTCs operated by Medecins Sans Frontieres (MSF) (at the TB center and Menilik Hospital) were to be functional as of August 26. A new site has been identified for MSF to establish at Kaliti. Six additional sites (youth centers) have been identified by the City Council and will be ready as resources are available. Currently, all CTC sites have adequate drugs and medical supplies.

EMERGENCY FUNDING

¶110. (SBU) The World Health Organization (WHO) estimates a funding requirement of USD 2.3 million to address the 132,000 new cases which are predicated to occur in Addis Ababa alone in the coming five months. There will be a need for drugs, medical supplies, CTC supplies, strengthening surveillance (field epidemiology and laboratory), public communication and training. CDC has offered additional surveillance support to the FELTP trainees and is awaiting a response from the MOH.

¶111. (SBU) PEPFAR's Supply Chain Management Systems project (SCMS), supported through USAID, is coordinating with the Federal MOH and Regional Health Bureaus to provide 2,640 bottles of disinfectant solution and 900,000 sachets of oral rehydration salts. These commodities, from supplies on hand procured for HIV-positive individuals, can be spared for this emergency situation without affecting supplies needed for people living with HIV/AIDS.

COMMENT

¶112. (SBU) The MOH'S weak public health infrastructure and capacity are being challenged by the growing magnitude of the outbreak. The

Addis Ababa Regional Health Bureau (AAHB) had difficulty providing a daily breakdown of the cases but seems to be improving. Communication and coordination between MOH and AAHB has been problematic. With WHO expected to provide technical support and NGOs providing assistance, there are a number of players involved in the response further complicating coordination and comprehensive assessment of the situation. There has been no official confirmation that the outbreak is due to cholera, although laboratory confirmation in a number of cases has been obtained. To facilitate trust and productive government-to-government working relationships, until the GoE itself acknowledges a cholera outbreak, the USG should continue to utilize publicly the same language used in the Warden Message; i.e. "increased risk of acute diarrheal illnesses, including Salmonella, Shigella, Cholera, and others." End Comment.

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